Business Name

Refund Request for Prepaid Sales Tax on Gasoline

Issued under the authority of Public Act 167 of 1933. Filing is voluntary.

Fax the completed form to 517-335-1135 or mail to Michigan Department of Treasury, Treasury Building, Lansing, MI 48922. If you have questions, call 517-373-0884.

Federal Employee Identification Number (FEIN)

usiness Address (No., Street)	City	State	ZIP
VERPAYMENT DETAIL			
Tax Reporting Period		Amount Overpaid	
TOTAL OVERPAYMENT	.		
CERTIFICATION			
I certify under penalty of perjury that I have examined this request and to	the best of my kno	owledge and belief, it is true and cor	rect.
Authorized Signature		Telephone Number	
		()	
Name and Title Printed		Date	

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